

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-089,805		FILING DATE	
APPLICANT(S)				
CLAIMS	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
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97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.	25	↓	↓	↓
TOTAL CLAIMS	27			